PATE	NT APPLICATION	FEE DETER	MINATION	RECORE
	Effectiv	e October 1	2003	

Application or Docket Number

20 341-73172

		CLAIMS A	S FILED .	PART	1			SMALL EI	NTITY	7 4	OTHER	THAN	
(Column 1)					(Colu	ımn 2)		TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		53				.	RATE	FEE]	RATE	FEE		
FOR '		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			53 mi	nus 20=	*	33		XS 9=		OR	X\$18=	594	
INDEPENDENT CLAIMS 5 minus 3 =			•	2		X43=		OR	X86=	177			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	0.		
* If the difference in column 1 is less than zero, enter "0" in co					column 2	1	TOTAL		OR	TOTAL	1536		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN	
<u></u>		CLAIMS	1	HIGH		(Column 3)	ì						
ENTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	·60	Minus	-5	3	= 7		X\$ 9=		OR	X\$ 48 ≅	350	
AME	Independent	NTATION OF M	Minus		5	<u> = / </u>		X43≖		OR	X86-	2200	
<u> </u>	PINOT PRESC	INTATION OF MI	JETIPLE DEI	PENDENT	CLAIN		' [+145=	. •	OR	+290=		
						· · · · ·	L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	2550	
	• •	(Column 1)		(Colum	ın 2)	(Column 3)							
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-		X43 ≈		OR	X86=		
	PINST PRESE	NTATION OF ML	ILTIPLE DEF	ENUENT	CLAIM		1	+145=		OR	+290=		
							Ļ	TOTAL	. "		TOTAL		
	•		•				A	DOIT. FEE L		OR ,	ADDIT. FEEL	·	
		(Column 1)		(Colum		(Column 3)		· · .	••		•		
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA			ADDI- NONAL FEE		PATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**		s .		X\$ 9=		OR	X\$18=		
ME	Independent		Minus	900				X43=			X86=		
	itho actor in actor	mn 1 io loca than is			100 in			+145=		OR	+290=	•	
!	the "Highest Nu	mn 1 is less than th mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter, *20.	. A1	TOTAL DDIT. FEE	•	OR ,	TOTAL ODIT, FEE		
. 7	i me inignest Nu The "Highest Nurr	mber Previously Pa ber Previously Paid	d For (Total or	SPACE is Independer	ress than ni) is the	ı J. enter "3." highest numbe			opriate box				

Attorney Docket No. 20341/73172

Patent

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

James Kain

Confirmation No. 2936

Serial No.:

10/797,280

Examiner: D Adamo, Stephen D.

Filed:

March 10, 2004

Art Unit:

3636

For:

BEST AVAILABLE COPY

Juvenile Vehicle Seat with Moveable Headrest

<u>AMENDMENT</u>

Honorable Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the April 1, 2005 non-final office action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 17 of this paper.

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23643

06/08/2005 DHASH1

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